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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	16873-55310
First Inventor	Colin Dickens
Title	Nasal Drug Delivery
Express Mail Label No.	VIA EFS-WEB

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17) **VIA EFS-WEB**  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 17]  
Both the claims and abstract must start on a new page  
(For information on the preferred arrangement, see MPEP 608.01(a))
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
5. Oath or Declaration [Total Sheets ]  
 a.  Newly executed (original or copy)  
 b.  A copy from a prior application (37 CFR 1.63(d))  
 (for continuation/divisional with Box 18 completed)  
 i.  **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s)  
 name in the prior application, see 37 CFR  
 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76 **VIA EFS-WEB**
7.  CD-ROM or CD-R in duplicate, large table or  
 Computer Program (Appendix)  
 Landscape Table on CD
8. Nucleotide and/or Amino Acid Sequence Submission  
 (if applicable, items a. – c. are required)  
 a. Computer Readable Form (CRF)  
 i.  Computer Readable Form (CRF)  
 ii.  Transfer Request (37 CFR 1.821(e))  
 b. Specification Sequence Listing on:  
 i.  CD-ROM or CD-R (2 copies); or  
 ii.  Paper  
 c.  Statements verifying identity of above copies

**ADDRESS TO:** Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**ACCOMPANYING APPLICATION PARTS**

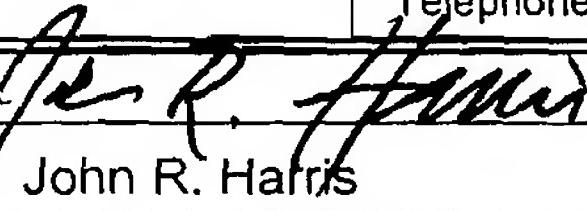
9.  Assignment Papers (cover sheet & document(s))  
 Name of Assignee \_\_\_\_\_
10.  37 CFR 3.73(b) Statement  
 (when there is an assignee)  Power of Attorney
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (PTO/SB/08 or PTO-1449)  
 6 Copies of foreign patent documents,  
 publications, & other information
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
 (Should be specifically itemized)
15.  Certified Copy of Priority Document(s)  
 (if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).  
 Applicant must attach form PTO/SB/35 or equivalent.
17.  Other: Preliminary Amendment (7 pages);  
Int'l Search Report (5 pp); PCT Request (6 pp)

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> The address associated with Customer Number:	24728	<input type="checkbox"/> OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Email Address	
Signature			Date
Name (Print/Type)	John R. Harris		Registration No. (Attorney/Agent)
			30,388

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.